



HICS Update: May 5, 2006

On March 31, the first version of the newly titled Hospital Incident Command System (HICS) Implementation Manual was completed and submitted to the California Emergency Medical Services Authority (EMSA). Included in the submission was the modified HICS Organizational Chart with all newly developed Job Action Sheets.

The work completed and submitted is a culmination of critical development and input from the 20 member National Work Group and 80 member Secondary Review Group. These hospital and healthcare professionals represent all hospital types from across the country and have provided instrumental perspectives for achieving a universal product that is scalable and usable by all hospitals. In addition, a Ex Officio Group was created to ensure compliance with new and coming standards in emergency management practices. Included are representatives from the Federal Emergency Management Agency (FEMA) National Incident Management System (NIMS) Integration Center (NIC), and Emergency Management Institute (EMI), US Department of Health and Human Services (HHS), US Health Resources and Services Administration (HRSA), American Hospital Association (AHA), American Society of Healthcare Engineers (ASHE) and the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO).

The Implementation Manual addresses essential issues for implementing the Incident Command System (ICS) within the hospital environment including integration with governmental and community partners. Although the Manual has been submitted, it will be reviewed and modified throughout Phase II of the project (more on Phase II below). A professional Medical Editor has been added to the Project Team who will ensure the anticipated ten chapters are appropriate and maintain continuity throughout the document. At the beginning of each chapter, a short list of objectives will be provided and within the chapter margins, key topics will be highlighted to make referencing easier.

The modified Organizational Chart has been restructured to better meet traditional hospital-based response practices. For example, the Operations Section has been divided into issue-specific Branch Directors. Under each of these leaders, small response teams or "Strike Teams/Task Forces" can be mobilized to focus on sub-issues unique to the incident needs. This modification also provides a scalability that can be adopted by hospitals of all sizes and resource capabilities.

On April 24, Jeff Rubin (EMSA), Craig DeAtley (Washington Hospital Center) and Mitch Saruwatari (Kaiser Permanente) provided a program update at the National Disaster Medical Systems (NDMS) conference in Reno, Nevada (a copy of the presentation is available at www.emsa.ca.gov). In attendance were many of the National Work Group, Secondary Review Group and Ex Officio members. The room was filled to capacity and many questions were collected from the audience. A few key concerns included the final HICS release date, compliance with NIMS and how training will be completed by hospitals. Phase II of the project began on April 1 and is expected to be



complete by August 31, 2006. By that time, a project rollout will be announced that will include a 17-element list of NIMS compliance requirements for hospitals and instructions for both future HICS trainers and users (at the time of this update, federal guidance for hospital NIMS compliance has not been finalized).

Phase II will also include 27 scenario-specific training aids and several ICS forms that have been modified to match existing NIMS documents and hospital best practices. The training tools review 14 of the National Disaster Scenarios and 13 typical hospital-based scenarios. Each scenario will include an Incident Planning Guide that features many planning considerations for developing Hospital Emergency Operations Plan (EOP) annexes and creating effective drills and exercises. Also included will be Incident Management Action Cues that highlights critical activities to be considered during an actual incident response. These activities are separated by event timeline such as immediate, intermediate, extended and recovery periods. Lastly, each scenario will feature a unique mini-Organizational Chart build-out that identifies critical positions to activate based on scenario-specific needs.

The next National Work Group meeting is scheduled for mid-May with a follow-up meeting planned for mid-June. Along with the Ex Officio and Secondary Review groups, the project team will continue to refine the Implementation Guide and complete the remaining training aids, training curriculum and instructor/user guidance.

Additional project updates will be posted monthly on the EMSA website at www.emsa.ca.gov. For questions or concerns, please contact Lisa Schoenthal at EMSA (lschoenthal@emsa.ca.gov).